

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

Trustee's Account

- ☐ Annual
☐ Interim
☐ Final

For the following trust:

Case No. _____

Trustee(s) certifies this is an accurate account of the administration of the trust for the period

from _____ through _____.
Date Date

| Summary | | |
|---------|---|---------|
| Line | Description | Balance |
| 1. | Beginning Balance. Do not change this amount. (Inventory total value or ending balance from prior account.) | \$ |
| 2. | Total assets and income received this period. (Add) (Attach Schedule A listing income and assets received.) | \$ |
| 3. | Subtotal | \$ |
| 4. | Total disbursements, distributions and losses incurred. (Subtract) (List details in Schedule B – Disbursements, Distributions and Losses Incurred.) | \$ |
| 5. | Ending Balance (Total Assets on Hand) (List details in Schedule C – Assets on Hand.) Beginning Balance for next Account | \$ |

| | | | |
|--|------------------|--|------------------|
| Signature of Trustee | | Signature of Co-Trustee | |
| Name Printed or Typed | Telephone Number | Name Printed or Typed | Telephone Number |
| Address | | Address | |
| Subscribed and sworn to before me on _____ _____ Notary Public/Court Official My commission expires: _____ | | Subscribed and sworn to before me on _____ _____ Notary Public/Court Official My commission expires: _____ | |

| | |
|------------------|------------|
| Name of Attorney | |
| Address | |
| Telephone Number | Bar Number |

*(If the space given is insufficient for any item, attach additional sheets.)***Schedule A – Assets and Income Received**☐ See attached.

| Description <i>(Example: Social security, pensions, interest, dividends, rental and other income, gains from assets sold for more than inventory value, or purchase price if acquired after the initial inventory.)</i> | Amount |
|---|---------------|
| | |
| Total: (Enter in Summary on Line 2 on page 1.) | \$ |

Schedule B – Disbursements, Distributions and Losses Incurred☐ See attached.

| Itemize Disbursements | Amount |
|---|---------------|
| | |
| Itemize Distribution and Losses <i>(Example: Assets sold for less than inventory value, or purchase price if acquired after the initial inventory.)</i> | Amount |
| | |
| Total: (Enter in Summary on Line 4 on page 1.) | \$ |

Schedule C – Assets on Hand (at end of accounting period)

☐ See attached.

| | |
|---|---------------|
| Cash, Checking Accounts, Savings Accounts, Certificates of Deposit (Including Names and Account Numbers) | Amount |
| <i>(List balance at end of accounting period.)</i> | |
| Investments | Amount |
| <i>(List inventory value, or purchase price if acquired after the initial inventory.)</i> | |
| Real Estate (Including Encumbrances) | Amount |
| <i>(List inventory value, or purchase price if acquired after the initial inventory.)</i> | |
| Other Assets | Amount |
| <i>(List inventory value, or purchase price if acquired after the initial inventory.)</i> | |
| Grand Total: (Enter in Summary on Line 5 on page 1.) | \$ |

For Authorized Persons Only:

Display and Verification of Assets

I am not the trustee and I am authorized by the court to verify assets. I have examined all securities, evidences of deposit and investments and such assets correspond with the account, except as indicated.

| | |
|---|--|
| deposit and investments and such assets correspond with the account, except as indicated: | |
| Date of verification: _____ | _____ Signature (Not Trustee) |
| | _____ Name Printed or Typed and Title |
| | _____ Date |